

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

CHARLESTON

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Charleston, WV 25301

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THOMAS E. JOHNSTON

Chief Judge

RORY L. PERRY II

Clerk of Court

HUNTINGTON

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Huntington, WV 25701
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Room 1000
601 Federal Street
Bluefield, WV 24701
304/327-9798

COVID-19 JUROR QUESTIONNAIRE

Pursuant to the authority of the United States District Court for the Southern District of West Virginia, you are **DIRECTED** to answer and return this questionnaire on or before **Wednesday, July 7, 2021**. If you elect to return your questionnaire by mail, you may for that purpose use the enclosed addressed and pre-stamped envelope. You can also return your questionnaire by email to chasjury@wvsc.uscourts.gov or fax to (304) 347-3027. Your responses are **confidential but will be read by the parties in the case and their counsel**.

1. A trial is expected to take place beginning Monday, July 12, 2021, and continuing for approximately two (2) days. Do you have any reason not already listed in your other juror questionnaire why you are not able to serve on a jury for those dates?

Check One: Yes _____ No _____

If yes, briefly explain:

2. Do you object to participating in a jury trial as a result of the COVID-19 pandemic?

Check One: Yes _____ No _____

If yes, briefly explain:

3. Have you or someone you live with experienced symptoms of COVID-19, such as fever, nausea, or a cough within the last 14 days?

Check One: Yes _____ No _____

If yes, briefly explain:

4. Have you or someone you live with tested positive for COVID-19?

Check One: Yes _____ No _____

If yes, state when and briefly explain:

5. Have you or someone you live with come in contact with someone who has been diagnosed with COVID-19 in the last 14 days?

Check One: Yes _____ No _____

If yes, briefly explain:

6. Have you and those you live with substantially complied with state and federal guidance regarding social distancing and other preventative safety measures during the COVID-19 pandemic?

Check One: Yes _____ No _____

If no, briefly explain:

7. Do you have any personal belief or physical condition that would prevent you from wearing a face mask indoors for extended periods of time?

Check One: Yes _____ No _____

If yes, briefly explain:

8. Are you a healthcare worker or first responder directly involved with the treatment of COVID-19?

Check One: Yes _____ No _____

If yes, briefly explain:

9. Do you work in a job that places you in direct contact with individuals diagnosed with COVID-19 or do you live with anyone who is?

Check One: Yes _____ No _____

If yes, briefly explain:

10. Have you traveled out-of-state at any time on or after June 30, 2021, or do you plan to engage in such travel prior to July 12, 2021?

Check One: Yes _____ No _____

11. Have you received the COVID vaccination?

Check One: Yes _____ No _____

12. If Yes to question 11 above, did you receive both doses, or, in the alternative, did you receive a vaccine that does not require two doses?

Both doses _____ Dates received: _____

Singular dose (two not required) _____ Date received: _____

N - no dose(s) _____